

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044179

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11492

STATE FILE NUMBER

FILED DEC 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois COUNTY Madison

c. CITY
OR
TOWN

Alton

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If not in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

1530 E. 4th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Kosper

Middle

C.

Last

Epperson

4. DATE

OF
DEATH

Month

November

Day

27,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/6/1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

McLeansboro, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Keelin Epperson

13b. MOTHER'S MAIDEN NAME

Belle Camp

14. NAME OF HUSBAND OR WIFE

Wanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes

W. W. #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Stephen Kabala, Jacksonville, Fla.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

FAR-ADVANCED CANCER OF LUNG

INTERVAL BETWEEN

ONSET AND DEATH

3-4 MOS.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

THORACOTOMY, EXPLORATORY, RIGHT 11/26/62

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/20/62 to 11/27/62 and last saw him alive on 11/27/62

Death occurred at 2:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard W. Ayre M.D.

22b. ADDRESS

52 Maryland Plaza (8)

22c. DATE SIGNED

11/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-1-62

23c. NAME OF CEMETERY OR CREMATORY

Upper Alton Cemetery

23d. LOCATION (City, town, or county)

Upper Alton, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Smith Funeral Home, Alton, Ill.

25. DATE RECD. BY LOCAL REG.

NOV 29 1962

26. REGISTRAR'S SIGNATURE

R. Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98


99

100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____


Licensed Embalmer No. _____


P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.